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CONFIRMATION NO. 6196

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

 This application is a CIP of 10/024,683 12/18/2001 ABN  
 which is a CIP of 09/848,739 05/03/2001 PAT 6,520,775

D.S.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None - D.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature: <i>D. G. Gubel</i> Initials: <i>D.S.</i>			

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## TITLE

Dental training device

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